



City of Carmel

Department of Community Services 1 Civic Square, Carmel, Indiana 46032
317 571 2444 phone 317 571 2499 fax www.carmel.in.gov

APPLICATION - MASSAGE THERAPIST PERMIT - \$20.00

☐ ORIGINAL PERMIT

☐ RENEWAL

1. APPLICANT INFORMATION

- a. _____, _____
last name first name middle name
- b. _____
home address city state zip code
- c. _____
home phone no. alternative phone no. email address
- d. _____
business name supervisor (if applicable) business phone no.
- e. _____
business address city state zip code

2. APPLICANT BACKGROUND INFORMATION

- a. I am eighteen years of age or older. ☐ NO ☐ YES
- b. Have you, within the past three (3) years been convicted, or plead Nolo Contendere for any crime of unlawful deviate conduct, deviate sexual conduct or sexual conduct as defined in Title 35 of the Indiana Code. If yes, explain below.

☐ NO ☐ YES Date / Location / Offense _____

- c. Have you, within the past three (3) years, had your massage therapist's license or permit denied or revoked for cause by any governmental entity in the United States? If yes, explain below.

☐ NO ☐ YES Date / Location / Reason _____

- d. Attached is a copy of my Limited Criminal History report, which was provided to me by the Indiana State Police no more than thirty (30) days prior to the date on which I am submitting this application to the City of Carmel;

☐ NO ☐ YES

3. MY QUALIFICATIONS:

- a. I am a graduate of a school or institution of massage therapy which is accredited by the Indiana Commission of Proprietary Education or similar state agency or commission of a state other than Indiana that required my successful completion of at least five hundred (500) hours of supervised instruction before I was awarded my diploma or certificate of graduation.

☐ NO ☐ YES Name of school / institution _____

- b. I have attached a copy of my diploma or certificate of graduation from an accredited school or institution of massage

☐ NO ☐ YES

- c. I have attached proof of my professional liability insurance of not less than \$100,000 per occurrence and \$250,000 annual aggregate.

☐ NO ☐ YES

4. MY EMPLOYMENT HISTORY FOR PAST THREE (3) YEARS.

a. _____
year occupation business name city, state zip phone no.

b. _____
year occupation business name city, state zip phone no.

c. _____
year occupation business name city, state zip phone no.

5. RECEIPT OF MASSAGE THERAPIST PERMIT ORDINANCE

I have received a complete copy of Carmel City Code Section 4-21 ☐ NO ☐ YES

State of Indiana)
) SS:
County of Hamilton)

I attest that all of the above information is true and correct to the best of my knowledge and belief. I understand that any materially false, misleading, or incomplete statement on this Application shall constitute grounds for denial of this application and/or revocation of my Massage Therapist Permit.

Signature of Applicant

Name printed

Subscribed and Sworn to before me this _____ day of _____, 20____

Signature of Notary

Name Printed

My commission expires on _____, 20____

MASSAGE THERAPIST PERMIT

A. Applicant Submittal Requirements

1. A completed application form;
2. A copy of diploma or certificate of graduation from an accredited school or institution of massage therapy;
3. Proof of professional liability insurance of not less than \$100,000 per occurrence and \$250,000 annual aggregate.
4. A Limited Criminal History report provided by the Indiana State Police within thirty (30) days of application date (phone the Indiana State Police, (317) 233-5424, or their website www.state.in.us/isp)

B. Processing

1. Application must be date stamped on the date received.
2. Within thirty (30) days of receipt of a fully completed application, a Massage Therapist Permit will be issued, or the applicant notified in writing of reasons for permit denial.
3. A Massage Therapist Permit shall be effective for a period of twenty-four (24) months, unless suspended or revoked.
4. The applicant may appeal a denial of a Massage Therapist Permit to the Carmel Board of Public Works within thirty (30) days from the date of applicant's permit denial.

C. Fees

A non-refundable \$20.00 permit fee shall be paid when the permit is issued.

D. For Information or questions:

City of Carmel, Indiana
Department of Community Services
Division of Code Enforcement
1 Civic Square
Carmel, IN 46032
Ph. (317) 571 2444 or (317) 571 2417
Fax (317) 571 2499
www.carmel.in.gov